Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

JACK & ANITA COOPER
T12N R8E SEC 27 QTR SE
N 1/2 OF SE 1/4
17205 N 162 ST-WAVERLY

Permittee

JACK & ANITA COOPER
876 COUNTY A RD
ASHLAND NE 68003

Permit # 01380232701

Issued 05/25/01
Expires 11/25/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted], Acting Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015878

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number: 013802327

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 17205 N 162nd (no rural route) City Waverly NE, Zip NE 68462

Legal Description N½ SE QTR 27 12N 8E
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name Jack & Anita Cooper Signature _____

Address 409 Co Rd A City/State/Zip Ashland NE 68003

☐ Check if owner designed system Home Phone 944-2478 Cell Work Phone 890-0139

C. Contractor

Name Ron Stohlmann Company Name Stohlmann trenching

Address 8716 County Rd A City/State/Zip Ashland NE 68003

☒ Check if contractor designed system Work Phone 944-7564

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 6/7/01 Date frwd 6/8/01 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/25/01 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-13-01 Date frwd 6-13-01 ACTION ☒ Approved ☐ Disapproved Signature _____

7-17-01 gm need drawing

Installation Final Written Approval

By Ron Maryott

Date 8-2-01

Business Office Use Only

Date Rec'd 05/25/01

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 1146

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number: 0138023 27

Sewage Disposal System

Soil Absorption Test Data Re[port]

Annex to Application

PLEASE PRINT OR TYPE

Throw out holes 8, 9 & 10

System Location (Indicate correct number and street)

Address 17205 N 112nd (no rural route) City Waverly

Owner Jack & Anita Cooper Addresss 409 Co Rd 8

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 5/8/01 to 5/8/01 Weather: Precipitation None Temperature 80° high

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
NW1 1	37"	5/8/01	11:00	5/9/01	11:30am	5-9-01	3:55	12"	5-9-01	4:28	27	2 3/4"	9.82 min/in
NW2 2	3'(36)	↓	↓	↓	↓	↓	3:56	12"	↓	4:29	27	1/4"	108 min/in
NW3 3	3'1(37)						3:56	12"		4:30	26	1/2"	52 min/in
NW4 4	3'2"(38)						3:58	12"		4:32	26	4 1/4"	6.12 min/in
NE1 5	32"						4:04	11"		4:37	27	1 1/2"	18 min/in
NE2 6	3'1"(36")						4:03	12.5"		4:36	33	1 1/2"	22 min/in
NE3 7	37"	↓	↓		↓		4:01	14"		4:35	34	1/2"	68 min/in
NE4 8	38"	5/8/01	11:00	↓	11:30am		4:00	16"		4:34	34	1/4"	136 min/in
SE5 9	32"	5/9/01	7am	5/9/01	12Noon		4:05	15.5"		4:38	33	0	—
SE4 10	25"	5/9/01	7:00am	5/9/01	12Noon	↓	4:05	11"	↓	4:38	33	1/4"	132 min/in

Sum of Percolation Rates: 283.94

Average of Rates: 40.56 min/in

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Karen Cooper

Phone: 402-789-2403(H) 471-8439(w)

Address 17205 N 112nd

Waverly NE 68462

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks test was run at 12" instead of 6". Thus, invalid test

Signature of Reviewing Official Ron Mayhew Date 5-29-01

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number: 01380232 7

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

27-12-8

System Location (Indicate correct number and street)

Address 17205 N 162nd (no rural route) City Waverly NE, Zip NE 68462

Owner Jack & Anita Cooper Addresss 409 Co Rd 8

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 6-3-01 to 6-4-01 Weather: Precipitation 1" during Pre Soak, trace during perc reading Temperature high in 60's

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1SW	38"	6/6	5:00	6/7	5:00	6/7	8:00	5 1/4	6/7	8:30	30	1	2 30
2	37"		01				01	4 1/2		31		1/2	1 60
3	36"		02				02	4 3/4		32		1/2	1 60
4NW	34"		03				03	4 1/2		33		1/4	1/2 120
5NE	32"		04				04	4 1/2		34		1 3/4	3 1/2 17
6	36"		05				05	4 1/4		35		1	2 30
7	37"		06				06	4		36		3/4	1 1/2
8	38"		07				07	4 1/2		37		1 1/4	2 1/2
9	37"		08				08	4 1/2		38		1/2	1 60
10SE	38"		09				09	5 1/2		39		1 1/2	3

Sum of Percolation Rates: 18

Average of Rates: 1.8 mn/in

Rate Used for Calculation: 60 mpi

Person Conducting Percolation Tests

Name: John Cooper

Phone: 789-2403

Address 17205 N 162nd
Waverly NE. 68462

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks > 20 mpi, thus use slowest rate of 60 mpi
Appears to be in Sharpsburg silty clay loam

Signature of Reviewing Official Ron Mayfield Date 6-7-01

FORM 23-101 10-96

		1			2 1hr			3 1 1/2hr	
1	12" 11:55	12:40	8" H2O depth	1:15	6.5"	1:45	6 1/4"	12:42	
2	12"	12:41	11" H2O	1:16	11"	1:46	10 3/4"	-10 3/4	
3	12"	12:42	11"	1:17	10.5"	1:47	10.5"		
4	12"	12:43	6"	1:20	9" + 10" water + 12"	1:50	9 1/4"		
5	11"	12:45	10 1/4"	1:25	8"	1:57	7.5"		
6	12.5"	12:46	12.0	1:27	6.5"	1:57	5.5"		
7	14"	12:46	11 1/4	1:26	12 1/4"	1:56	12"		
8	16"	12:47	15"	1:25	14.5"	1:55	14.5"		
9	15.5"	1:55	15.5	1:35	15.5"	2:05	15.5"		
10	11" 12:27	1:06	17"	1:36	10 3/4"	2:06	10 3/4"		

	4 2hr			2.5hr 5		3hr 6		3.5hr 7	4hr 8
1	3 1/2" +5.5 : 9" 2:20	2:50	7.5"	3:20	5.5"	3:55	4 3/4"	4:28	2"
2	2:21 10 1/4	2:51	9 3/4"	3:21	9 3/4"	3:56	9.5"	4:29	9 1/4
3	2:22 9 3/4"	2:52	9"	3:22	9 3/4"	3:56	8.5"	4:30	7 3/4"
4	4 3/4 2:25 12.5"	2:53	10"	3:25	5.5"	3:58	1 3/4" + 10 1/4 = 12"	4:32	7 3/4"
5	2:29 7"	2:56	6 3/4"	3:28	5 3/4"	4:04	4 3/4"	4:37	3 1/4"
6	2:27 4" + 12.5"	2:56	10.5"	3:27	8 1/4"	4:03	6"	4:36	4 1/2"
7	2:26 11.5"	2:55	10.5"	3:26	10"	4:01	9.5"	4:35	9"
8	2:25 14"	2:55	13 1/4"	3:26	13"	4:00	12"	11. 3/4"	4:34
9	3:32 15.5"	2:57	15.5"	15.5"	3:30	4:05	15.5"	4:38	15.5
10	2:33 10.5"	2:57	10.5"	10 1/4"	3:30	4:05	18"	4:38	9 3/4"

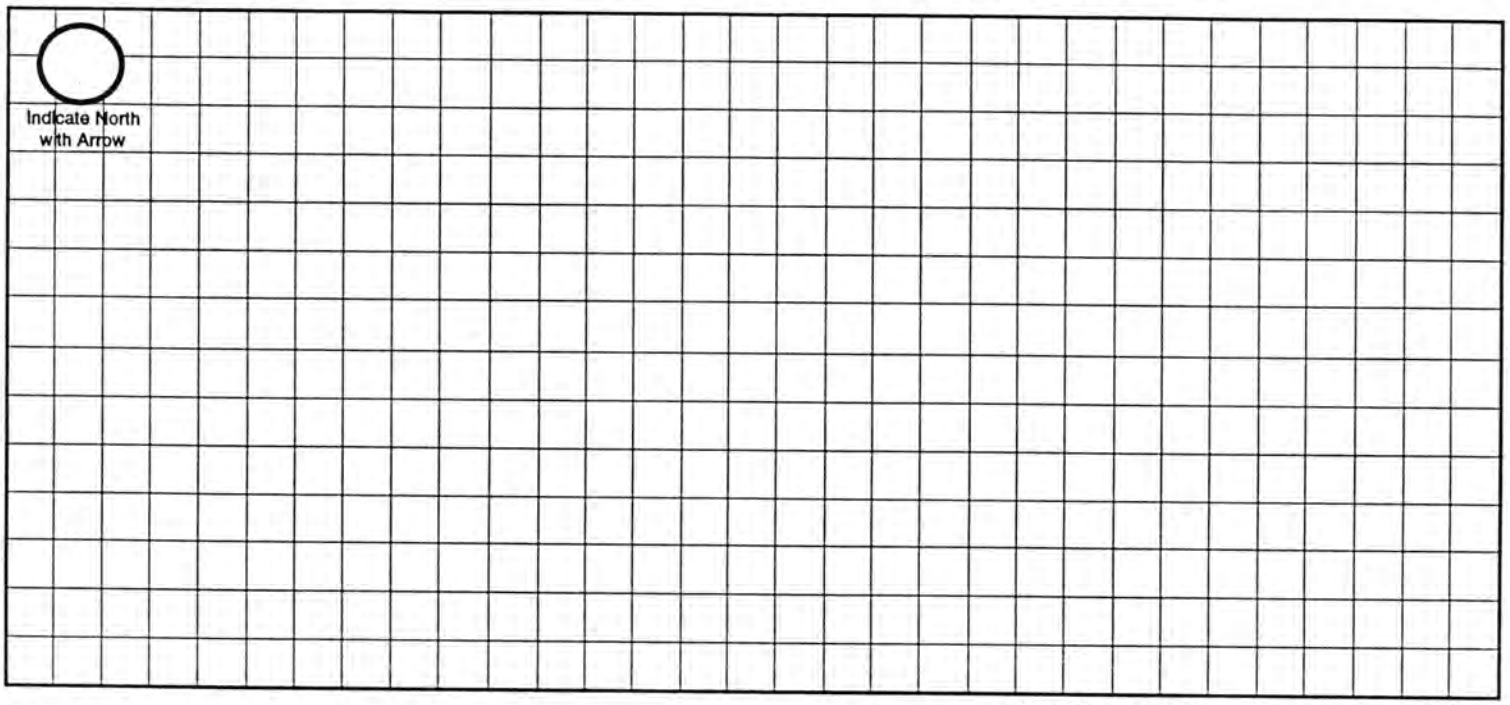
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802327

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 41 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM. Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1320 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: INFILTRATOR

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches 4 Trench Width 4 ft.

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer STOHLMANN DIGGING & TRENCHING 876 COUNTY ROAD A ASHLAND, NE 68003 Date 5-24-01

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number: 013802327

AUG 1 2001

Sewage Disposal System

As Built Plans & Specifications

Date 7-27-01

System Location (Indicate correct number and street)

Address 17205 N 162nd (no rural route) City Waverly NE, Zip NE 68462

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 50' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line NA ft.
   property line NA ft.

B. Septic Tank

1. Material: _____
   Number of compartments: One w 2 baffles
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 30 in.
   Over outlet, diameter X in.
   Riser: ☐ above ☒ below grade 18 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line NA ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

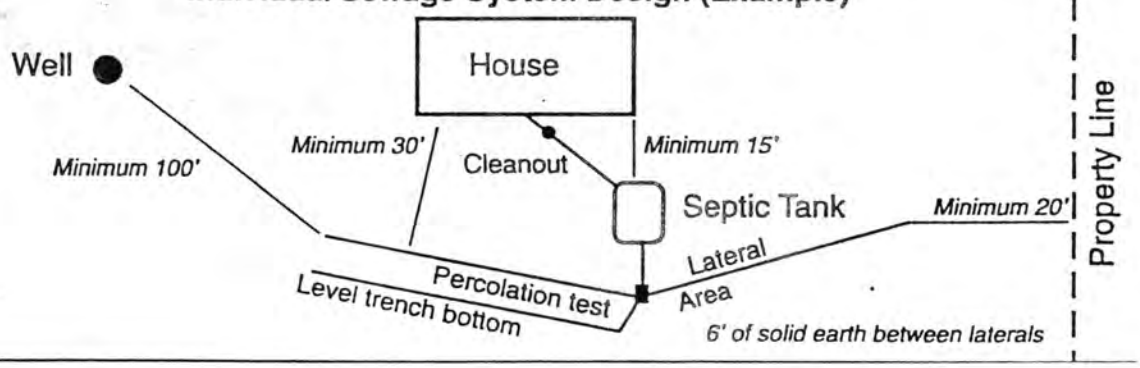
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 48" Min ft.
   Slope Level in/100 ft.
   Average depth _____ in
4. Filter material: Road Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)




(11)
N
(Joins sheet 5)
(Joins inset A, sheet 6)
(Joins sheet 16)
22
23
26
27
34
35
ROCK
1 Mile
5000 Feet
Scale 1:20000
0
1000
2000
3000
4000
5000
1/4
1/2
3/4
1
485 000 FEET
2 830 000 FEET
New septic

As Built Drawing

